

*Amended**Patricia Booker*

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10,1595332</i>	FILING DATE
						APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	1			1		
4		1		1		
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13	1					
14		1				
15		2				
16		1				
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TOTAL IND.	5		3			
TOTAL DEP.	19	←	17	←	←	
TOTAL CLAIMS	24		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						